MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE **53**

63-000628
STATE FILE NUMBER

Registration District No. **53**   Primary Registration District No. **3010**   Registrar's No. **43**

FILED JAN 2 2 1963

DO NOT WRITE ON THIS STUB

AMENDED / DATE AMENDED

VS 300
Rev. 4/59

0168
2160
3
4 ·0
5 2·
6
7 0
8 0
94l6XF
10
11
123·0
'13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON — SHOULD READ

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

---

1. PLACE OF DEATH
a. COUNTY **CAPE GIRARDEAU**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **SAME AS ABOVE**   Length of stay in 1b **3 wks**

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) **S.E. Mo Hospital**   Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo**   b. COUNTY **Cape Girardeau**

c. CITY OR TOWN **Jackson**   Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) **Rural Rt 2**   Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
First **Fritz**   Middle **W.**   Last **Overbeck**

4. DATE OF DEATH Month **Jan** Day **12** Year **1963**

5. SEX **Male**   **6. COLOR OR RACE** **White**

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH **Mar 13, 1873**

9. AGE (last birthday) **89**   IF UNDER 1 YEAR Months / Days   IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and state or country) **Jackson, Mo**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **August Overbeck**

13b. MOTHER'S MAIDEN NAME **Caroline Vogelsang**

14. NAME OF HUSBAND OR WIFE **Annie Goza Overbeck (dec.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **N/A**

17. INFORMANT **Elwood Overbeck**   Address **Jackson, Mo**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arteriolar nephrosclerosis**   INTERVAL BETWEEN ONSET AND DEATH **4 wks.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Fracture of head of left femur**

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.   Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from **5-17-55** to **7-12-63** and last saw him alive on **1-12-63**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. N. Jaeger, MD**   (Degree or title)

22b. ADDRESS **Jackson, Mo**

22c. DATE SIGNED **Jan 13, 1963**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **Jan 15, 1962**

23c. NAME OF CEMETERY OR CREMATORY **Russell Heights**

23d. LOCATION (City, town, or county) **Jackson, Missouri** (State)

24. FUNERAL DIRECTOR **J. N. Boudinot**   ADDRESS **Jackson, Mo**

25. DATE RECD. BY LOCAL REG. **1-19-1963**

26. REGISTRAR'S SIGNATURE _(signed)_

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Lyman Steele_
    Signature of Student Embalmer

Licensed Embalmer No. 2476

P. O. Address _Jackson Mo_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.